



## Ombudsman Disclosure Consent Form

The Governor of New Jersey has appointed an official, known as the Ombudsman for the Institutionalized Elderly, to investigate complaints of abuse or exploitation of persons over the age of 60, residing in licensed long term care facilities within this state.

\_\_\_\_\_

In the event of an investigation by the Ombudsman relating to me or my care, I hereby authorize the Ombudsman to release the results of such an investigation to the following person(s):

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The Ombudsman shall not be required to disclose the results of any investigation to any person other than me, a guardian appointed for me by a Court, or the person(s) named on this consent form.

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Note:** This form is to be completed ONLY by the resident or a judicially-appointed guardian of the person of the resident. Neither a "responsible party" nor a holder of the resident's financial power of attorney has legal authority to complete this form.